MISSOURI DEPARTMENT OF REVENUE ESTIMATED TAX DECLARATION FOR INDIVIDUALS  YOUR NAME (LAST, FIRST, INITIAL)  SPOUSE'S NAME (LAST, FIRST, INITIAL)  IN CARE OF NAME	1. Primary Social Security Number	
ADDRESS (NUMBER AND STREET)	1st (	·
CITY, STATE, ZIP CODE	DOR USE ONLY  *  (Calendar April 15	
	The Department of Revenue may collect checks returned for insufficient or uncollected funds	. •
RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO: MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY, MO 65105-0555		s ) *
MO 860-1858 (11-2004)		 PERF
MISSOURI DEPARTMENT OF REVENUE FORM FOR INDIVIDUALS   Output  Description:  Output  Description:  De	1. Primary Social Security Number	
YOUR NAME (LAST, FIRST, INITIAL)	4. Amount of this	
SPOUSE'S NAME (LAST, FIRST, INITIAL)	Installment (U.S. funds only)	
IN CARE OF NAME		
ADDRESS (NUMBER AND STREET)  CITY, STATE, ZIP CODE	2nd (Calendar June 15	year—due
OIT, STATE, ZIF CODE	*	,,

electronically.

The Department of Revenue may collect checks returned for insufficient or uncollected funds

RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO:
MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY,
BOX. (IT IS NOT NECESSARY TO CHECK THIS BOX FOR A 2006 BOOK, AS IT WILL BE AUTOMATICALLY ISSUED.)

\*\* MO 860-1858 (11-2004)

Р	F	R	F

PERF

MISSOURI DEPARTMENT OF REVENUE ESTIMATED TAX DECLARATION	<b>2005</b> FORM	Primary Social     Security Number	*	Primary     Name Control	*
FOR INDIVIDUALS	MO-1040ES		*		
YOUR NAME (LAST, FIRST, INITIAL)		Security Number			
		4. Amount of this			
SPOUSE'S NAME (LAST, FIRST, INITIAL)		Installment (U.S. funds only)	\$ 00		
IN CARE OF NAME					
ADDRESS (NUMBER AND STREET)					3rd QTR
			*		Calendar year—due
CITY, STATE, ZIP CODE		DOR USE ONLY		5	September 15, 2005)
			*		
		The Department of electronically.	Revenue may collect checks returned for ins	ufficient or uncolled	eted funds
RETURN THIS FORM WITH CHECK OR MONEY ORDE MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, J MO 65105-0555	_	cross of mounty.			
MO 860-1858 (11-2004)					

MISSOURI DEPARTMENT OF REVENUE ESTIMATED TAX DECLARATION FOR INDIVIDUALS	2005 FORM MO-1040ES		*	2. Primary * Name Control
YOUR NAME (LAST, FIRST, INITIAL)  SPOUSE'S NAME (LAST, FIRST, INITIAL)		Security Number .  4. Amount of this Installment	\$ 00	
IN CARE OF NAME		(U.S. funds only) .	. Ψ	
ADDRESS (NUMBER AND STREET)			*	4th QTR (Calendar year—due
CITY, STATE, ZIP CODE		DOR USE ONLY	*	January 15, 2006)
		The Department of electronically.	Revenue may collect checks returned for insuf	ficient or uncollected funds
RETURN THIS FORM WITH CHECK OR MONEY ORD MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, MO 65105-0555		•		
MO 860-1858 (11-2004)				